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APPLICATION NO.

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-uthrie (Signature (Date ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR 09897254 12/15/2006-CAMPATENT 00000024 888-052

07/02/2001 09/897,254 TITLE OF INVENTION: AUTOMATIC SCAN SENSOR IMAGE PROCESSING

FILING DATE

1400.00 DA 01 FC:1501 300.00 DA 02 FC:1504

PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE ISSUE FEE DUE PUBLICATION FEE DUE APPLN. TYPE SMALL ENTITY 01/18/2007 \$1700 \$300 NO \$1400 nonprovisional CLASS-SUBCLASS EXAMINER ART UNIT 358-451000 SAFAIPOUR, HOUSHAND Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent atterneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Foc Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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